Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

https://dmas.virginia.gov
MEDICAID MEMO

Last Updated: 03/09/2022

Revision of the Present on Admission Indicator, Implementation of Never Events Policy, and Information on Hospital Acquired Conditions Policy

Present on Admission Indicator on Electronic and Paper Claims

The purpose of this memo is to alert all providers who currently submit inpatient acute care hospital claims on paper (UB) and Electronic Data Interchange (EDI) 837 Institutional that effective with claims received on or after July 1, 2009, the Department of Medical Assistance Services (DMAS) will require the Present on Admission (POA) indicator on all claims and will deny claims that do not have a valid POA indicator. DMAS has been requiring the POA on all paper (UB) claims since November 1, 2008. CMS has a defined listing of ICD-9-CM diagnosis codes that are exempt from the requirement of a POA. DMAS has adapted these same diagnosis codes as exempt. For a complete listing of the exempt diagnosis codes, please refer to the Centers for Medicare and Medicaid Services (CMS) website at: http://www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/icdguide08.pdf. For diagnosis codes that are indicated on this list, DMAS will accept a blank for UB paper claims or blank or a '1' for EDI 837I claims in the POA loop.

Diagnosis codes that require a POA will be denied if the indicator is not one of those listed in the table below. The POA indicators accepted by DMAS are 'Y', 'N', 'U', 'W' and '1'.

Indicator Code Definition:

Y = Yes N = No

U = No information in the record W = Clinically undetermined

1 = Exempt from POA reporting. This code is used on the 837I and is the equivalent of a blank on the UB-04.

Locator for the UB 04 paper claims for the POA is directly after the ICD-9-CM diagnosis codes red shaded field. Billing instructions for completing the UB04 can be found in the DMAS Hospital Manual, Chapter V, Billing Instructions.

For the EDI 837I, submit the POA indicator in segment K3 in the 2300 loop data element K301. Additional information related to submitting an electronic claim can be found at the following website: (http://virginia.fhsc.com/VA_CompanionGuide.asp).

Never Events

Effective July 1, 2009, DMAS will also implement CMS's guidelines related to Never Events. A Never Event is a serious preventable error in medical care. DMAS will not cover Never Events. CMS has identified three Never Events: wrong surgery on a patient, surgery on wrong body part and surgery on wrong patient. Whenever any of these events occurs with respect to a covered Medicaid recipient, the hospital shall immediately report such event to DMAS at the following address:

Supervisor, Payment
Processing Unit Division
of Program Operation

Department of Medical
Assistance Services 600 East
Broad Street, Suite 1300

Richmond, Virginia 23219

If after notification, it has been found the hospital received payment from DMAS, the claim will be voided immediately. The hospital shall neither bill, nor seek to collect from, nor accept payment from DMAS or the recipient or the recipient's family/legal guardian for such an event. Any deductible, co-payment or any other monies collected from the

recipient or the recipient's family/legal guardian related to this hospitalization shall be refunded immediately. The Hospital will cooperate fully with DMAS in any DMAS initiative designed to help analyze or reduce these preventable adverse events. Should payment of these events be discovered during an audit process by DMAS or our designated agent, the monies paid by DMAS will be retracted.

Hospital Acquired Conditions

CMS has also identified specific Hospital Acquired Conditions (HAC) that are associated with the Present on Admission (POA) indicator. When a POA has an indicator of 'N'(No) or 'U'(No information in the record) and is associated with a HAC, the hospital will not receive additional payment for cases in which one of the selected conditions was not present on admission. The claim will be paid as though the secondary diagnosis were not present. DMAS will not implement this until January 1, 2010. As the time gets closer, additional specific information will be forthcoming.

Managed Care Organizations

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. (MCO contact information is listed below). Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/mc-medallionII.htm.

DMAS Contracted MCOs and MCO Provider Services Contact Information

MCO Name	Provider Services Phone Number
AMERIGROUP Community Care	1-800-454-3730 www.myamerigroup.com
Anthem HealthKeepers Plus (HealthKeepers, Peninsula, Priority)	1-800-901-0020 1-757-326-5270 www.anthem.com
Care*N*et – Administered by Southern Health Services, Inc.	1-800-449-1944 www.directprovider.com
Optima Family Care- A Service of Sentara	1-757-552-7474 or 1-800-229-8822 www.Optimahealth.com

Virginia Premier Health Plan, Inc.	Tidewater - 1-800-828-7989 Richmond/Central/Western - 1-800-727-7536 Southwestern - 1-888-338-4579 www.vapremier.com

REQUESTS FOR DUPLICATE REMITTANCE ADVICES

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices will no longer be printed and mailed free of charge. Duplicate remittance advices will be processed and sent via secure email. A processing fee for generating duplicate paper remittance advices will be applied to paper requests, effective July 1, 2009.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. For more information on the services that are offered contact the vendors:

Passport Health
Communications, Inc.
www.passporthealth.com
sales@passporthealth.com

Telephone #: (888) 661-5657

SIEMENS Medical Solutions –
Health Services Foundation
Enterprise Systems/HDX
www.hdx.com

Telephone #:
(610) 219-2322

Emdeon

www.emdeon.com Telephone #:
(877) 363-3666

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is http://virginia.fhsc.com. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884- 9730 or 1-800-772-9996. Both options are available at no cost to the provider.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens

up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.